



State of Maryland

Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor –, Joshua M. Sharfstein, M.D., Secretary, DHMH

November 29, 2011

Virginia Simmons
Grants Management Specialist
Division of Grants Management, OPS
SAMHSA (RM 7-1091)
1 Choke Cherry Road
Rockville, MD 20857

RE: FY 2011 Community Mental Health Services Block Grant Implementation Report Review

Dear Ms. Simmons:

In compliance with the Application Guidance and Instructions, FY 2009-2011, the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council (Joint Council), through its Planning Committee, has participated in the review of Maryland's Implementation documents for the FY 2011 Annual State Mental Health Plan and Community Mental Health Block Grant. We are pleased to provide the following comments on the report.

The Planning Committee of the Joint Council met on November 17, 2011 and reviewed the FY 2011 State Mental Health Plan Implementation Report (which contains Maryland's Block Grant Strategies), the FY 2011 Mental Health Block Grant Spending Report, the Performance Indicators, and the MHBG Report Summary sections. The review consisted of discussions of initiatives and strategies implemented to accomplish the state objectives and efforts to sustain the activities of the Mental Health Transformation Grant. Also included were activities of Maryland's efforts toward the implementation of Health Care Reform. Additionally, the Committee reviewed the information and data reported in the FY 2011 Uniform Reporting System tables.

The Planning Committee is pleased to note that the FY 2011 implementation report is a reader friendly document that comprehensively outlines accomplishments and progress on strategies which further strengthen consumer leadership and participation in the Public Mental Health System (PMHS) including funding for peer support activities, training, and public awareness activities by consumer, family, and other advocacy organizations.

Other significant issues and recommendations identified by the Planning Committee are as follows:

Highlights/Recommendations:

- Review of MHA's implementation report demonstrate that despite budget reductions resulting in the closure of state hospital facilities and reduction in inpatient services, the total number of individuals served in the Public Mental Health System (PMHS) increased to more than 133,000 in FY 2011.
- Recent Joint Council presentations have focused on the activities leading to implementation of Health Care Reform in Maryland, and the proposed impact on MHA's commitment to maintaining access to the PMHS for individuals with serious mental illness and serious emotional disorders. The Council looks forward to continued updates on the efforts of Maryland's Health Care Reform Coordinating Council as well as the continued availability of statistical data describing various aspects of the PMHS.
- We also look forward to the results of the Governor's Commission on Suicide Prevention and the efforts of the various sub-committees as summarized in the Implementation Report. We would like to see the issues of older adults, as well as those of all individuals across the life span, continue to be highlighted and addressed throughout all initiatives in the PMHS.
- We commend the pilot projects, such as Youth MOVE, and the transition-age youth grant project in Frederick and Washington counties. These projects reach out to youth and give them opportunities to express themselves and find opportunities to affect the PMHS while becoming more stable within their own communities. We would like to see such programs continue to develop and expand, on the local level, eventually spreading across the state.
- Employment for individuals with mental illness continues to be ranked as a top priority by Maryland consumers. Strategies such as the Maryland version of the Ticket-to-Work program, evidence-based practices, and other supported employment programs were further implemented to increase employment opportunities for individuals with mental illnesses.
- We applaud the continued implementation of the two SAMHSA System of Care grants: Maryland CARES, with a special focus on children and youth in foster care in Baltimore City; and RURAL CARES in nine (9) eastern shore counties using Care Management Entities (CMEs) and high fidelity wraparound processes. The PRTF Waiver is continuing to expand, also engaging wraparound techniques to divert youth from high-end residential treatment facilities to appropriate services in their own communities. Currently, care coordination using high fidelity wraparound is now available in 23 counties through funding from the Maryland's Children's Cabinet. We hope efforts to sustain the progress of these programs will continue to be successful.
- The Joint Council recommends that MHA maintain, as a high priority, strategies that support the development of a continuum of affordable and safe housing. This includes collaborative planning and implementation with the Core Service Agencies, local housing authorities, and housing developers to increase availability of and access to housing opportunities.
- We strongly support efforts to maintain access to services for individuals with co-occurring needs for treatment of both substance abuse and mental illness with special attention to child and adolescent needs in this area. We look forward to advancing towards a focus on joint areas of concern between MHA and the Alcohol and Drug Abuse Administration as collaborative planning and coordination of care for Marylanders, across the life span, with the continued strengthening of behavioral health services.

- We urge continued support for the ongoing implementation of telemental health to improve and increase access in rural communities where telepsychiatry programs allow individuals to consult with a psychiatrist located at a distance, without traveling from their home communities.
- There is a need to highlight and expand public awareness and education, particularly training of police and other first responders, dissemination of Mental Health First Aid, and the continued development of curricula to train a competent workforce to more effectively identify, assess, and serve individuals with mental health needs.

Further, the Joint Council commends MHA's ongoing efforts to improve the state's planning process and observed that MHA successfully revised the State Plan Goals to incorporate *SAMHSA's Eight Strategic Initiatives*. As national efforts continue in the direction of a recovery and resiliency-oriented, consumer and family driven behavioral health system, Maryland has taken the lead in facilitating the change in behaviors and attitudes necessary for mental health transformation statewide.

Finally, to build upon the achievements of this year, the Joint Council will continue its advocacy in support of the necessary funding to continue to meet the needs of Maryland's citizens. The Planning Committee expressed appreciation for the work of MHA staff in producing the implementation reports, spending plan summary, and wealth of mental health data. In summary the Joint Council is proud of its continuing participation in the ongoing evolution of the PMHS and endorses this FY 2011 Mental Health Block Grant Implementation Report.

Sincerely,



M. Sue Diehl
Chair
Maryland Advisory Council on Mental Hygiene/PL
102-321 Planning Council

cc: The Honorable Martin O'Malley, Governor
Joshua M. Sharfstein, Secretary, DHMH
Renata Henry, Deputy Secretary, Behavioral Health and Disabilities
Brian Hepburn, M.D., Executive Director, MHA